

EXHIBIT 8

CNH U.S. Pension Plan
Application for Retirement Benefits

Participant Information

Name:	Date Prepared:	July 18, 2003
SSN:	Date of Birth:	
Address:	Marital Status:	Married
	Last Day Worked:	September 30, 2003
	Benefit Commencement Date:	October 1, 2003

Payment Options (See Explanation of Benefits)

	PACTIV Benefit	Total Benefit	CNH Benefit
<input type="checkbox"/> Single Life Annuity:			
Pre 62:	1,270.40	2,380.00	1,109.60
Post 62:	641.69	1,260.00	618.31
 <input checked="" type="checkbox"/> 55% Spouse Annuity:			
- Participant's Benefit			
Pre 62:	1,270.40	2,380.00	1,109.60
Post 62:	641.69	1,260.00	618.31
- Beneficiary's Benefit	352.93	693.00	340.07

Spousal Consent

(Spousal Consent must be completed if Single Life Annuity elected and married)

Name: _____ SSN: _____
Date of Birth: _____

I, Cynthia Cichanofsky, hereby certify that I am legally married to James Cichanofsky on this date and that my name, date of birth and Social Security Number shown above are accurate and complete in all respects. I also hereby certify that I have read this form. All my questions regarding the options of payment have been answered by a member of the Retirement Committee or one of its representatives. I understand that as a result of my spouse's rejection of the Contingent Annuity Option, I will not be eligible for any pension under the Plan in the event that my spouse should die after the pension starting date.

I hereby consent to my spouse's election and understand that my consent to such election cannot be revoked or withdrawn at a later date.

Spouse's Signature: _____ Date Signed: _____

Notarization of Spouse's Consent

I am satisfied that the person who signed the foregoing *Spousal Consent Form* did so under his/her own free act and deed.

Notary Public or Plan Representative

Commission Expiration Date

Participant Acknowledgment

I have examined all the entries on this form, including marital status, and they are correct. I am also unaware of any court order that would require some or all of my pension benefit be paid to a former spouse or other person(s).

Participant's Signature: _____ Date Signed: 7-30-03

Participant's Daytime Phone Number: (_____) _____